

DEC 3 1941

Registration District No. 214

Primary Registration District No. 131

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town Rural - Ferdinand Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 yrs
(Specify whether years, months or days)

In this community 1 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town Baker RFD 3.
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Muff

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-20, 1941, to 11-22, 1941;
that I last saw him alive on 11-22, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Elvira Kate Muff

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 12, 1857
(Month) (Day) (Year)

Immediate cause of death Almonedry in front cerebral hemorrhage & epilepsy

Due to _____

Due to _____

8. AGE: Years 84 Months 2 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations 830

Of autopsy 0

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Fredrick W. Muff

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Hess

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond A. Muff

(b) Address Baker RFD St. Louis Mo

17. (a) Burial (b) Date thereof 11-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Power Our Macon Co. Mo

18. (a) Signature of funeral director Stephens & Goodling

(b) Address Macon Mo.

19. (a) _____ (b) 1
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm A. Knight (M. D. or other) M.D.
Address 820 1/2 Franklin Ave St. Louis Date signed 11/23/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~and~~.....

.....; Registered Apprentice No.
working under my personal supervision.

Signed.....

C. L. Stephens

Licensed Embalmer No. *3057*

P. O. Address.....

Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.